U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

3. Name and address of person filing.  Name Roscot	2. Fiscal Year Covered From:	
Name Robblet   J WESSLUHOLE JR	4. Name, file number, and address of labor organization.  Name CEMENT MASONS UMON LOCAL NO 503	
Name ROBERT DESSELHOLE JR	Name CEMENT MASONS UMON LOCAL NO 503	
	Aughter parent in to be furnished agree.	
D.O. Boy Pide Person No. 15 ann. F	Labor Organization File Number 1975	
D.O. Day Pide Deserving 15 and	Labor Organization File Number 013 533	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 239 Pappy LANK	Street 139 S 25th Ave	
City MARCESON	City Business	
State ZL ZIP Code + 4 Liの443	State ZIP Code + 4 LOGOY-1994	
5. Position in labor organization. BUSTINEST MANAGER		
Enter appropriate data below if, during the past fiscal year, you or your spouse (except as specified in the exclusion A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization	ions set forth in the instructions);	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Persubmitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true, correct, and complete. (See the section	rjury and other applicable penalties of the law, that all of the information documents), has been examined by the signatory and is, to the best of the on on penalties in the instructions.)	

Date

Telephone Number

Name of Person Filing ROBSECT J WESSELLI	FF JR	File Number U-
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, or	3
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name CEMENT MASONS LOCAL SOR PENSION FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 730 5 2514 Ayre  City Brucopo 5  State IL. ZIP Code + 4 (a)red 1990	a. Labor Organizat b. Trust c. Employer	ion
	11.a. Nature of such dealing	•
10. If 9.b. or 9.c. Is checked give trust or employer's name.  Name CENTER TRUE CIUS UN FOR LOCAL COMP.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 354 5 254 And	TRUSTER	y.
City & LLL 1900	11.b. Approximate dollar value	the state of the s
State ZIP Code + 4 Lating Grand	ERISA REGULED	PETVI-TRUST FUND FOR DOLL EDURAMONAL CONFERENCES RIGHNS IN THE EXERCISE OF MY
	12.b. Amount.	2525.76
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, If any:		
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	And process of the control of the co

Name of Person Filling ROBERT J WESSELHOFF	JE	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vas substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name XENGUD AND KADJAW  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 9 0 TACKSON BLUD  City Chi Chico 20  State 14 2004 3958	9. Business deals with:  a. Labor Organizati  b. Trust  c. Employer	on
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	3.
Name CENNENT INDESMIS UNIVOL LOCAL (DO SD).  Trade Name, if any:	UNION ATTOR	<b>9</b> 24
P.O. Box, Bldg., Room No., if any		
Street 759 5 254 K AN E		
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State ZIP Code + 4 Juniory	Catenstones en	
	12.b. Amount.	140.78
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
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P.O. Box, Bldg., Room No., if any Street City Stale ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filling ROBERT J WEZZELHOFF J	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name ARNGLD AND KADJAW  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street Q CACKSON BLVP  City CALCAS o  State ZIP Code + 4 colors 29.58	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's пате.	11.a. Nature of such dealing.		
Name CENNERS IN 101 LOCALIDO 503.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	UNION ATTORNEY		
Street 734/ S 2541 At 2	44 h. Approximate dellar value of such degling	15064.00	
City 64th to both	Approximate dollar value of such dealing.     Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.		
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	12.b. Amount.	1000 22 20 ALC 1	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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Name of Person Filing KOBSRT J W8SSELTS	OFF NR	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise	s	T de Article de la constant de la co
8. Name and address of Business (including trade name, if any).  Name CECACU RESTONALS CLE  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street BO NO AS ALE  City CALCESO  State I C ZIP Code + 4 LOGOZ- DGS	9. Business deals with:  a. Labor Organizal  b. Trust  c. Employer	lion	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name CENNA DE MASSAUS UNIVOLOCATION SED.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street TBR S 254 K ANS	11.a. Nature of such dealin		
Street 34 3 4 Av 2  City 64 LLG 10 0 5  State 21P Code + 4 LG 10 4 9944	11.b. Approximate dollar value 12.a. Nature of interest held WESSELLIOFF	or income received.	DIBOO, EC
	12.b. Amount.		H1/30
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	er parts A and B above) or other thing of value.  14.a. Nature of payment.		
State ZIP Code + 4  13.b. is the Business an Employer or Consultant 7	14.b. Amount of payment.	South Control of the	

Name of Person Filing ROBERT J WESSELTOF	FJA	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name ARNGLD AND KADJAW  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street G G TACKSON LLUD  City CE 1694 o  State IG TACKSON LLUD  State IG TACKSON LLUD	9. Business deals with:  a. Labor Organizal  b. Trust  c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.	
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Street <u> </u>	11.b. Approximate dollar value	e of such dealing.	
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	12.b. Amount.	W. 4432	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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